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2 May 1958

MEMORANDUM FOR: Chief, Medical Staff

THROUGH : Chief, Operations Division

SUBJECT : Career Program for Overseas Medical Officers

REFERENCE : Memorandum to Chief, Medical Staff, dated  
27 March 1958, Same Subject

The above referenced memorandum expressed certain thoughts on the Career Plan for Medical Officers. This is a recapitulation of that plan in the light of a recent discussion by the Career Board.

1. The basic question posed was the desirability of a complete staff of Career Medical Officers. The feeling was expressed that a fairly small cadre augmented by contract personnel might be best.

This, of course, is a matter of policy, rather than a question of the plan itself. The answer lies outside the perspective of this paper.

2. The fixed Career Staff idea was questioned on the basis of changing needs. It was pointed out that even the number of overseas slots were not fixed, and that there is a ever present possibility of having more Career Officers than slots to be filled.

This can be answered only with the historical fact that medical care of this type, generally, is growing in popularity.

3. The question arose as to the ultimate propose of this training, i.e., whether or not the post-graduate work could or should be directed toward fulfilling board requirements. It was pointed out that what we need are general men and that it would be possible to educate physicians to a point of disinterest in general practice. It was further suggested that preceptorship-type training or a more casual hospital affiliation than actual resident status might be preferable

The first criticism is certainly valid. The propose of the program is to maintain a doctor's overall clinical efficiency. It is felt that the post-graduate program could and should be directed by the department toward that end.

The preceptorship or casual attachment-type training, however, is against the fundamental nature of this paper. It is strongly felt that the training should be formal. Whether it consists of a series of short courses, such as those

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popularized by the University of Chicago, or an actual residency would not matter, but it should be one or the other. This writer has served under all the systems mentioned above. Though all are informative, it is felt that there is no comparison in the knowledge gained by informal as against formal programs.

4. There was some discussion as to the time allotted post-graduate study.

It is my opinion that a minimum of three months of actual formal study every two years might be established. Though this is greater than that set up for state-side physicians, it is felt that the need is greater for the reasons stated in the initial paper.

As a final thought it is suggested that the demand of resident physicians is growing, so that many fine institutions might be willing to split one years training among two, three, or even four men, if it were arranged on a continuous coverage basis.



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